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AUTHOR Strouse, Joan  
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## ABSTRACT

A questionnaire was sent to all 256 public school districts in the State of Oregon, requesting information on policies towards students or personnel with Acquired Immune Deficiency Syndrome (AIDS). The survey was designed to see if districts had either a written or unwritten policy specifically designed to deal with AIDS. Responses indicated that the majority of school districts had no plan worked out with which to deal with AIDS should it occur in their area. This was uniquely true in the case of rural areas. Written policies, when they existed, followed guidelines for the more common communicable diseases. An overwhelming number of districts chose to adopt a "wait and see" attitude, leaving policy-making to wait upon the occurrence of such an emergency. It is emphasized in this report that AIDS is an international epidemic and that education is necessary both to ensure humane and prudent management of existing cases, and to help today's youth learn to avoid contracting the disease. (JD)

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Joan Strouse, Ph.D.  
Portland State University  
School of Education  
P.O. Box 751  
Portland, OR 97207  
(503) 464-4748

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## Education ÷ AIDS = ?

From Glide, Oregon (population 4,728) to New York City, schools have found students and personnel with AIDS (acquired immune deficiency syndrome) and related conditions within their domains.

Educators now face many crucial policy decisions surrounding the welfare of these individuals. The decisions made will have implications for students, faculty, parents, and administrators.

Koop (1987) and Strouse & Phillips (1987) are among those calling for educators to adopt guidelines and policies to deal with AIDS in the schools. They also call upon the schools to acquaint students with safe sexual practices, drug abuse information as well as an opportunity to discuss alternative lifestyles. Educators have been called upon to actively participate in helping ease and eradicate the AIDS epidemic by trying to disseminate accurate information. The Institute of Medicine and the National Academy of Sciences claim that because there is no medical help available, education is the best defense against AIDS.

School personnel are being asked to reiterate what is known about AIDS transmission to their pupils. It is known that the AIDS virus is concentrated in blood and semen. This is why the populations most at risk are: recipients of blood transfusions, intravenous drug users, bisexual or homosexual men, and newborns of infected mothers. Evidence is also increasing for heterosexual transmission of the AIDS virus;

Indeed, in parts of central Africa, this appears to be the primary mode of spread.

Because schools reach the largest cohort of people that are in the highest AIDS risk category, they are being called on to develop curriculum to teach students about the disease, how to protect themselves from getting AIDS, as well as how to make personal choices. Oregon Division of Health AIDS Program Coordinator, Robert McAllister, feels that this active role is something that is imperative for schools to undertake. McAllister also recognizes that this is a difficult group to influence because students are young and feel invincible; this problem is further complicated because AIDS can take up to eight years to present itself.

#### The Role of the Schools

As early as 1985, school district superintendents in some states were given written guidelines on dealing with AIDS in the schools (Department of Human Resources, 1985), other states released these guidelines at later dates. Subsequent to that date many articles about AIDS in schools started to appear in professional educational journals (Strouse & Phillips, 1987; Reed, 1986; and McCormick, 1987). The U.S. Surgeon General, C. Everett Koop, put out a candid report on AIDS as did the Institute of Medicine of the National Academy of Sciences. Films, computer software, and curriculum guides aimed at working with students about AIDS became available to purchase or rent. For the first time, national conferences for educators included AIDS on their

agendas (Strouse, 1987). All states in the U.S. were given federal funds to work on health education and AIDS risk reduction as part of a cooperative agreement with the Centers for Disease Control, and each state then hired a program coordinator to head up the educational efforts on AIDS for that locale. In short, vast amounts of materials, resources, and information became available to those who work closely with school-aged populations.

Along with this flood of information came pressure for local school districts to do something to educate its youth about the risks and precautions connected with AIDS. The public is becoming more aware of AIDS; in a Washington Post survey it was found that public concern about AIDS has dramatically increased recently (Okie, 1987). It is unfortunate, then, that some teachers are hesitant to bring up AIDS in their schools in deference to those who are uncomfortable in having sexually explicit information given out in the schools. These concerns must be recognized, but the AIDS epidemic is here and educators should not turn their attention away from that fact any longer.

#### AIDS Policies and Practices in Oregon Schools

In the late spring of 1987 all 256 public school districts in Oregon were sent a survey regarding their policies towards students or personnel with AIDS. The intent of this questionnaire was to learn what school districts were actually doing to respond to the threat of AIDS. The survey was designed to see if districts had a policy specifically

designed to deal with AIDS and requested a copy of that policy if it was written. Respondents were also asked whom they would contact if someone in their district contracted AIDS. Information was also collected on the size and location of the school district.

Oregon was a convenient and logical place to conduct this research. Although Oregon is a small state in terms of numbers, it is typical in that it has both rural and urban populations. Oregon is also representative of most states that do not yet have large AIDS populations in them. Being just north of California, which has a significant AIDS population, also implies that Oregon residents should have some awareness and sophistication about AIDS.

Responses to the survey were returned very quickly and by June, 1987 an impressive 70% of the districts had responded. What was not so impressive were some of the actual responses.

Of the respondent school districts, 63% did not have a written policy nor did they have any sort of plan worked out to deal with AIDS should it occur in their areas. Most of the written policies submitted followed the guidelines that were distributed in 1985 by the Department of Human Resources. Several districts, however, sent in written policies used for students with diseases such as polio or measles, apparently in the belief that AIDS is similar and should be treated like those diseases. The self-described rural districts had an even worse record on written policies

with 73% of them having no such policies in existence. The most comprehensive written policies came, not surprisingly, from the districts that had faculty or students who had directly experienced AIDS. In fact, many of the districts that did not have written policies of their own said that they would contact these districts should they encounter AIDS in their communities.

When asked to speculate what would happen if AIDS were found in their districts, most superintendents who completed the survey felt that they would send the infected person home (at least temporarily) and many districts had not given any thought at all as to what they would do next. Of the respondent districts, 52% said they would call upon the help of medical personnel in their decision making; those districts also tended to follow existing state policies on communicable or infectious diseases; 14% of the districts felt that legal help was their best source of assistance. Surprisingly, only 34% thought that their first responsibility was to the infected person and his or her welfare.

Although only 37% of the districts had a written policy, many noted that this questionnaire had jogged their thinking and hoped to include the topic on upcoming school board meeting agendas. One superintendent had repeatedly tried to bring up the issue of AIDS during school board meetings, but claimed that the chair of those meetings would not let AIDS be discussed in that forum.

Even though a rural community in Oregon has been touched by AIDS, some smaller communities still believed that AIDS could not reach their district because of its size. Many felt that their staff and administrators would panic and throw up their hands if AIDS were found in their communities. One very poignant story was recounted by an administrator from a school district with less than 3000 students, "a couple of years ago we asked our local physician to discuss AIDS with our school board in a public meeting; the doctor quoted the Bible and talked about branding people with AIDS. We quietly dropped the subject at that time."

Another superintendent felt that prayer would be the most useful thing if AIDS were to hit that community. The response which most forcefully exhibited the need for educating the public about AIDS came from an administrator who stated that they would send the AIDS-infected person to a hearing specialist.

What was striking in reading the numerous responses was the overwhelming number of districts, both rural and urban, that chose to adopt the wait and see attitude. When asked, if a student was found to test positively for AIDS, how would your school district handle that situation, typical remarks were; "have a meeting and develop a policy at that time", "it had not been an issue", "hold a special emergency board meeting", and several others left giant questions marks in that spot.

#### Conclusion

AIDS, to many educators seems to be someone else's problem: epidemic among certain urban adult minorities, perhaps, but not likely to show up among most states' children. No reason in this view, to get concerned; the problem may blow over, and if not, there will be plenty of time to deal with whatever problems may arise.

While this passive attitude is preferable to panic, it is far from satisfactory. AIDS is an international epidemic, and the numbers affected even in rural districts will certainly rise. Complacency will indeed turn to hysteria if these cases are encountered by an ill-informed and fearful public. Education is necessary ~~not~~ both to ensure humane and prudent management of existing cases and to help today's young learn to avoid contracting the disease.

In the short-to-medium run, at least, the best hope in the struggle against AIDS is not high-technology cure or even preventive medicine, but education. This places a heavy responsibility on educators. It is essential that they themselves be educated about AIDS and be thoroughly prepared to guide others in preparation for and in the event of the spread of AIDS.

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